

FISCAL FUNDING ADDENDUM**LESSEE INFORMATION**

Full Legal Name	Vermillion County Auditor	DBA Name (if Any)	
Billing Address	P.O. Box 190	Phone	(765) 492-3570
City	Newport	County	Vermillion
		State	IN
		Zip	47966

EQUIPMENT INFORMATION

Equipment Location (If not same as above)					
City			County		
			State		
			Zip		
QUANTITY	MODEL NO.	EQUIPMENT DESCRIPTION (ATTACH SCHEDULE IF NECESSARY)	QUANTITY	MODEL NO.	EQUIPMENT DESCRIPTION (ATTACH SCHEDULE IF NECESSARY)
1	iR2270				
1	print system				
1	staple finisher				

The above described Vermillion County Auditor ("Lessee") warrants that it has funds available to pay rents ("Lease Payments") until the end of its current appropriation period. In the event its legislative body or funding authority does not appropriate funds to be paid to Lessor for the above described Equipment ("Equipment"), Lessee may, upon prior written notice to Lessor, effective 60 days after the giving of such notice or upon the exhaustion of the funding authorized for the then current appropriation period, whichever is later, return the Equipment to Lessor, at Lessee's expense; and thereupon, be released of its obligation to make all rental payments (Lease Payments) to Lessor due thereafter, provided: (1) The Equipment is returned to Lessor as provided for in the above described Lease ("Lease"), (2) the foregoing notice states the failure of the legislative body or funding authority to appropriate the necessary funds as reason for cancellation, and (3) the notice is accompanied by payment of all amounts then due to Lessor under the Lease.

In the event Lessee returns the Equipment pursuant to the terms of this Addendum, Lessor shall retain all sums paid hereunder by Lessee, including the Security Deposit (if any) specified in the Lease.

If the provisions of this Addendum are utilized by Lessee, Lessee agrees not to purchase, lease or rent any other functionally similar equipment for the balance of the Lease term following Lessee's exercise of its termination rights hereunder.

This Addendum will not be construed so as to permit the Lessee to terminate the Lease in order to acquire any other equipment or obtain funds directly or indirectly to perform essentially the same application for which the Equipment is intended.

LESSEE SIGNATURE

Signature X		Customer copy	
<small>(MUST BE SIGNED BY AUTHORIZED AGENT, REPRESENTATIVE OR OFFICER OF GOVERNMENT ENTITY)</small>			
Print Name		Sherrie Koma	
Title		Auditor	
For		Vermillion County Auditor	
		<small>Name of Government Entity</small>	

ACCEPTED BY LESSOR

Signature X			
Title		Date	
For		Legal Name of Corporation or Partnership	

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